

# **Mountain Rescue Association**

## **THE UNIT MEMBERSHIP APPLICATION PROCESS**

Please review the MRA Policy 101 (Below) for "Membership Qualifications". You need not be accredited to join. Typically, new teams join as Associate Members and then go through the accreditation process over the next several years. Once you have completed your application, return it to the MRA. If you do not yet have a Sponsor-Team from the Region, one will be arranged. You are highly encouraged to attend a Regional meeting and the National MRA meeting following your submission of an application in order to introduce your team and for us to give you support.

### **Dues and Fees**

A one-time non-refundable processing fee of \$250 USD is charged for the application. The MRA votes new applicants twice annually at the winter meeting and the June conference. Once you have been approved you are required to submit dues of \$15.00 per active team member (Rescue & Support) for a minimum of \$225 and a maximum of \$1,000 USD. Dues are collected annually on January 1 and must be paid before a member team will be allowed to vote at a business meeting. Ex-Officio teams are not required to pay dues or fees.

### **Membership Categories**

Mountain Rescue Association is composed of three membership categories as defined by Policy 101. They are:

- 1) Regular - Volunteer teams accredited in all areas
- 2) Ex-Officio – Governmental/Professional teams that may be accredited in any or all areas
- 3) Associate – SAR related organizations that may be accredited in one or more areas.

**Ex-Officio non-accredited and Associate non-accredited** status needs only an administrative process. It requires Region, Membership Committee and Board approval.

**Regular, Ex-Officio or Associate with Accreditation**, the region and sponsor team will schedule orientation meetings and joint trainings, as well as schedule the actual accreditation. The Accreditation Evaluation Team is made of qualified senior MRA team members from your area. Field evaluations may be done in your response area. If you choose to accredit, the evaluations will include the following, depending on the Accreditation category and specific regional requirements as covered in Policy 103

#### **1. Administrative Evaluation:**

A. An extensive administrative review of your application package for the necessary information and supportive foundation.

#### **2. Field Evaluation:**

##### **A. WILDERNESS SEARCH**

Mock Search Operation

Table Top Search Discussion

##### **B. TECHNICAL ROCK**

High Angle Evacuation

Scree Evacuation

Hauling Systems

Oral Exercise of Safety Factors, Equipment Strengths and Dynamics, etc.

### **C. SNOW & ICE**

Snow Evacuation

Ice Evacuation

Avalanche and Crevasse Safety and Rescue

Oral Exercise of Safety Factors, Equipment Strengths and Dynamics, etc.

### **D. ADDITIONAL ASSESSMENT FACTORS**

Organization, Leadership, Problem Solving, Multi-Agency working Relationships

Overall Technical Skills

Medical Skills and Treatment of Patients

Overall Safety

Helicopter Use and Safety

Once the testing is done, the Evaluation Team makes a recommendation to your Regional Chair, who then passes it on for voting by the MRA at the next national meeting (meetings are twice a year: the winter meeting and the June conference). Upon your acceptance to the MRA, **we hope that you will be able to attend this meeting so that we may welcome you as a new MRA Team or Agency.**

**THANK YOU FOR YOUR INTEREST**

# Mountain Rescue Association



## APPLICATION FOR REGULAR / ASSOCIATE MEMBERSHIP

\*\*\*\*\*

TYPE OF MEMBERSHIP:       Full                       Associate                       Associate Accredited

a. **Associate Accredited ONLY**, check boxes for the areas you are seeking accreditation:

Technical Rock       Snow and Ice Rescue       Search and Tracking

DATE OF APPLICATION: \_\_\_\_\_

1. Name of Organization: \_\_\_\_\_

2. Organization's Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-Mail \_\_\_\_\_

3. Type of organization: \_\_\_\_\_ Date Organized: \_\_\_\_\_

4. What is your unit's Mission Statement or purpose: \_\_\_\_\_

\_\_\_\_\_

5. Do you charge agencies, victims or families for missions?  Yes.  No.  
(Other than reimbursement for expenses incurred).

If yes, explain \_\_\_\_\_

6. **For Full and Associate Accredited teams ONLY:**  
Has a Full (Regular) MRA unit agreed to "sponsor" you?  Yes.  No.

Sponsor Unit: \_\_\_\_\_

a. For Units seeking accreditation:  
When will your unit be prepared for MRA accreditation? \_\_\_\_\_

7. Area of Operation or Response (include county, state & major mountain ranges you serve): \_\_\_\_\_

\_\_\_\_\_

a. Elevation in your response area ranges from \_\_\_\_\_ Feet to \_\_\_\_\_ Feet

8. Name of the nearest MRA Unit to your area: \_\_\_\_\_

a. Does your area overlap another MRA unit's area?  Yes.  No.

Unit: \_\_\_\_\_

b. Do you have an agreement for mutual aid or for sharing the area with this MRA unit?  Yes.  No

9. Are you incorporated? \_\_\_ Yes. \_\_\_ No.  
 EIN# \_\_\_\_\_ Year \_\_\_\_\_ In what state \_\_\_\_\_
10. Are you Non-Profit per Section 501(c), Federal Internal Revenue Code?  
 (Or your country's equivalent?) \_\_\_ Yes. \_\_\_ No.
11. Total number of members \_\_\_\_\_  
 a. Number of Members in each:  
 Admin \_\_\_\_\_ Field Support \_\_\_\_\_ Rescue \_\_\_\_\_ Operations Leader \_\_\_\_\_  
 b. Number of members who are paid: \_\_\_\_\_
12. Does your team currently have a sufficient number of members to conduct  
 SAR operations in your area \_\_\_ Yes. \_\_\_ No
13. Do your Support members meet MRA Policy 105 D? \_\_\_ Yes. \_\_\_ No  
 Attach your skills checklist or training outline for Support members.  
 If they do not meet Policy 105 D, attach explanation
14. Do your Rescue members meet MRA Policy 105 C? \_\_\_ Yes. \_\_\_ No  
 Attach your skills checklist or training outline for Rescue Members.  
 If they do not meet Policy 105 C attach explanation
15. Does your unit meet Medical Care guidelines in MRA Policy 106? \_\_\_ Yes. \_\_\_ No.
16. Number of members qualified medically in each category below:  
 First Responder \_\_\_\_\_ Advanced First Aid \_\_\_\_\_ Wilderness First Aid \_\_\_\_\_ Wilderness First Responder \_\_\_\_\_  
 EMT \_\_\_\_\_ WEMT \_\_\_\_\_ Paramedic \_\_\_\_\_ Nurse \_\_\_\_\_ Medical Doctor \_\_\_\_\_ Other \_\_\_\_\_
17. Do you have a Medical Advisor? \_\_\_ Yes. \_\_\_ No.  
 Name \_\_\_\_\_ Medical Certification level: \_\_\_\_\_
18. Meetings and Trainings:  
 How often does your unit meet? \_\_\_\_\_ How often does your unit train? \_\_\_\_\_
19. How is the unit funded? Donations \_\_\_\_\_%. Grants \_\_\_\_\_%. Governmental \_\_\_\_\_%. Dues \_\_\_\_\_%.  
 Other: \_\_\_\_\_
20. Is your unit affiliated with a public agency? \_\_\_ Yes. \_\_\_ No.  
 Name of Agency: \_\_\_\_\_  
 a. Define the relationship: \_\_\_\_\_
21. By whom is your insurance covered, for Missions? \_\_\_\_\_  
 a. For Liability? \_\_\_\_\_
22. What local governmental agency is the authority having SAR jurisdiction? \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

23. Do you have an "agreement" with this agency that you will be utilized for missions?  Yes.  No.  
Please attach written agreement. If you do not have an agreement please attach explanation.
24. How are your unit's administrative officers selected? \_\_\_\_\_
25. How are field ranks determined? \_\_\_\_\_
26. Does your unit agree to submit team statistics annually, including missions,  Yes.  No.  
trainings and public education? Explain if no.
27. Does your unit agree to submit an official; team roster annually including qualification and/or rank?  Yes.  No.  
If no, explain.
28. Does your unit agree to submit dues annually in accordance to Policy 601.B?  Yes.  No  
If no, explain.
29. **Billing Information:** If your annual invoice must be sent to a specific location, not your unit address, please specify the agency, name, address and any special wording or instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

30. Are there any pending legal actions, former judgments or settlements against your unit,  Yes.  No  
Agency or members regarding a SAR mission?  
If yes, attach explanation.

31. List the Administrative Officers of your unit (correct the title, if necessary):

**President or Unit Commander** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Vice-President** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Secretary** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Your Unit's contact person and title for the application process: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

32. What is your unit seeking out of MRA membership? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

33. We agree that all the listed and attached information is accurate to the best of our knowledge. We agree if membership is granted that we will abide by the MRA and Region Bylaws and Policies.

Prepared By: \_\_\_\_\_  
(Print Name)

Title \_\_\_\_\_

\_\_\_\_\_  
(Sign Name)

Date \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Please include the following information with your application:**

- \_\_\_\_\_ **Unit's Constitution, Bylaws & Administrative Policies**
- \_\_\_\_\_ **Incorporation papers**
- \_\_\_\_\_ **IRS or equivalent 501C determination letter**
- \_\_\_\_\_ **Field Operating Guidelines and Protocols**
- \_\_\_\_\_ **Official Team Roster (names, mailing addresses, qualification and/or rank)**
- \_\_\_\_\_ **Administrative structure chart or explanation**
- \_\_\_\_\_ **Field Operational Structure chart or explanation**
- \_\_\_\_\_ **Training Schedule for past and current year**
- \_\_\_\_\_ **Copy of written agreement with authority having SAR jurisdiction**
- \_\_\_\_\_ **Unit-owned equipment & vehicle list**
- \_\_\_\_\_ **List of Personal Equipment required by members**
- \_\_\_\_\_ **Mission Statistics (Most Recent Full Year)**
- \_\_\_\_\_ **Copies of recent unit newsletters, as applicable**
- \_\_\_\_\_ **Skills checklists or training outlines for all field qualification levels**
- \_\_\_\_\_ **MRA Directory Form (received with application form)**
- \_\_\_\_\_ **6-10 photos representative of your unit's activities**
- \_\_\_\_\_ **Unit Patch for MRA official patch collection**
- \_\_\_\_\_ **High resolution file of team logo (Email to [montygbell@outlook.com](mailto:montygbell@outlook.com))**
- \_\_\_\_\_ **Check for \$250.00 U.S. non-refundable application fee**

**Mail application and the information above to:**

**Mountain Rescue Association  
Attn: Monty Bell, Membership Chair  
PO BOX 880868  
San Diego, CA 92168-0868**

**If you have any questions please contact  
Monty Bell at (619) 884-9456 [montygbell@outlook.com](mailto:montygbell@outlook.com)**

Mountain Rescue Association



Contact Information Form

Team Name: \_\_\_\_\_

Team Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Team Business Phone: \_\_\_\_\_

Team E-Mail: \_\_\_\_\_

Team WebSite: \_\_\_\_\_

Team Social Media: \_\_\_\_\_  
(Facebook, Linked In, Twitter,  
Instagram)

**MRA Representative**

Contact Name and Title: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Cell Phone: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_



**Dues Contact**

Dues Contact Name and Title: \_\_\_\_\_

Dues Contact Cell Phone: \_\_\_\_\_

Dues Contact E-Mail: \_\_\_\_\_

**Statistics Contact**

Statistics Contact Name and Title: \_\_\_\_\_

Statistics Contact Cell Phone: \_\_\_\_\_

Statistics Contact E-Mail: \_\_\_\_\_

## **Instructions for filling out directory change form:**

### **MRA Representative**

The person you specify for this category is the person that will receive all pertinent information regarding the MRA, items include but are not limited to, pro-deals, dues invoices, and conference information. Please choose this person carefully so that all information gets back to your team.

### **Dues Contact (NOT APPLICABLE FOR EX OFFICIO)**

The person you specify will be contacted if there is an issue with your dues payment or electronic roster.

### **Statistics Contact**

This person you specify will be responsible for entering in your team's statistics into the ESRI online portal and will be given the login for online web-based statistics program for your team.

**Please Mail to:  
Mountain Rescue Association  
PO BOX 880868  
San Diego, CA 92168-0868**

# Mountain Rescue Association



## MISSION STATISTICS

Statistics for the Calendar Year \_\_\_\_\_

Team Name: \_\_\_\_\_

Region: \_\_\_\_\_

Item Number	Total Number of:	Number
1	Missions, including stand-bys	
2	Mission man-hours	
3	Subjects rescued	
4	Search missions	
5	Technical missions	
6	Avalanche missions	
7	Recovery missions	
8	Subjects recovered	
9	Missions outside your primary service area	
10	Missions where aircraft were used	
11	Missions where medical aid was performed	
12	Public education presentations	
13	Public educations man-hours	
14	Training events	
15	Training man-hours	
	<b>Activity Types</b>	
16	Hiking	
17	Climbing	
18	Skiing (Downhill and cross-county)	
19	Snowboarding	
20	Snow Machine	
21	Hunting	
22	Aircraft	
23	Automobile/Motorcycle	
24	Mountain Biking	
25	Other (Describe)	